



CITY OF NEWPORT BEACH

BUILDING DEPARTMENT

3300 NEWPORT BLVD.

P.O.BOX 1768, NEWPORT BEACH, CA 92658-8915

(949) 644-3275

REQUEST FOR SPECIAL INSPECTIONS

(No permits exist)

FEE: \$120.00 per hour (2 hours minimum)

Date: _____

Inspection Address: _____

Item to be inspected: _____

Requested Inspection Date: _____ Requested Time: _____

Purpose of Inspection: _____

I, the undersigned owner of record for the premises located at the above address do hereby request that the Building Department inspect the item indicated above to determine if there are any code violations therein.

It is my understanding that I will be responsible for correcting any violations noted.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

FOR OFFICE USE ONLY:

Inspection authorized by: _____

Assigned to Inspector: _____ Date: _____

Inspector's Report: _____

Action to be taken: _____

Inspector Signature: _____ Date: _____